



HEALTHY CALIFORNIA FOR ALL

Accessible, Affordable, Equitable, High Quality, Universal


Virtual Commission Meeting

July 8, 2020

Virtual Meeting Protocols



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- This meeting is being recorded.
- Commissioners:
 - You have the ability to mute and unmute and the option to be on video.
 - Please mute yourselves when you are not speaking.
 - To indicate that you would like to speak, please use the “yes” feature  yes
 - When the facilitator calls your name, please unmute to speak and then mute again.
- Members of the public:
 - You can listen to and view the meeting.
 - For written public comment, please use the “chat” feature or email comments to HealthyCAforAll@chhs.ca.gov. Verbal public comment will also be solicited.
 - Public comment provided during the meeting will be a part of the public record.

Welcome and Introductions

Mark Ghaly, MD, Commission Chair and Secretary
of California Health and Human Services Agency

Alice Hm Chen, MD, MPH, Deputy Secretary, CHHSA

Roll Call

Environmental Report Feedback



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- Consulting team has reviewed and is incorporating extensive feedback on draft report
 - In-depth written comments from seven Commissioners
 - 70+ pages of written comments from consumer advocacy organizations and stakeholders
 - Commissioner's oral comments at June 12 meeting
 - Public input (email, Zoom Q&A, oral) linked to June 12 meeting

Environmental Report Next Steps



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- Commissioners will receive revised draft within the next week and will have 10 days to review and offer final comments
- Final environmental report will describe review process and, if necessary, note any remaining areas of Commissioner concern or disagreement
- Final report will be submitted to Governor and Legislature in early August
- Public comments that meet basic guidelines will be posted at the Healthy California for All webpage

Commission Work Plan Updates



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- We listened to your feedback
 - Focus on major change rather than incremental steps
 - Gather input from broad swath of Californians
- Scheduled monthly 3-hour virtual meetings: August 13, September 24, October 22, November 12, December 10
- Each meeting will be “deep dive” on major design features of unified financing, including Commissioner break-out conversations and public comment
- We have planned a broad community engagement process

Health Equity and Unified Financing

Sonia Angell, MD, MPH
Director, California Department of Public Health
and State Health Officer

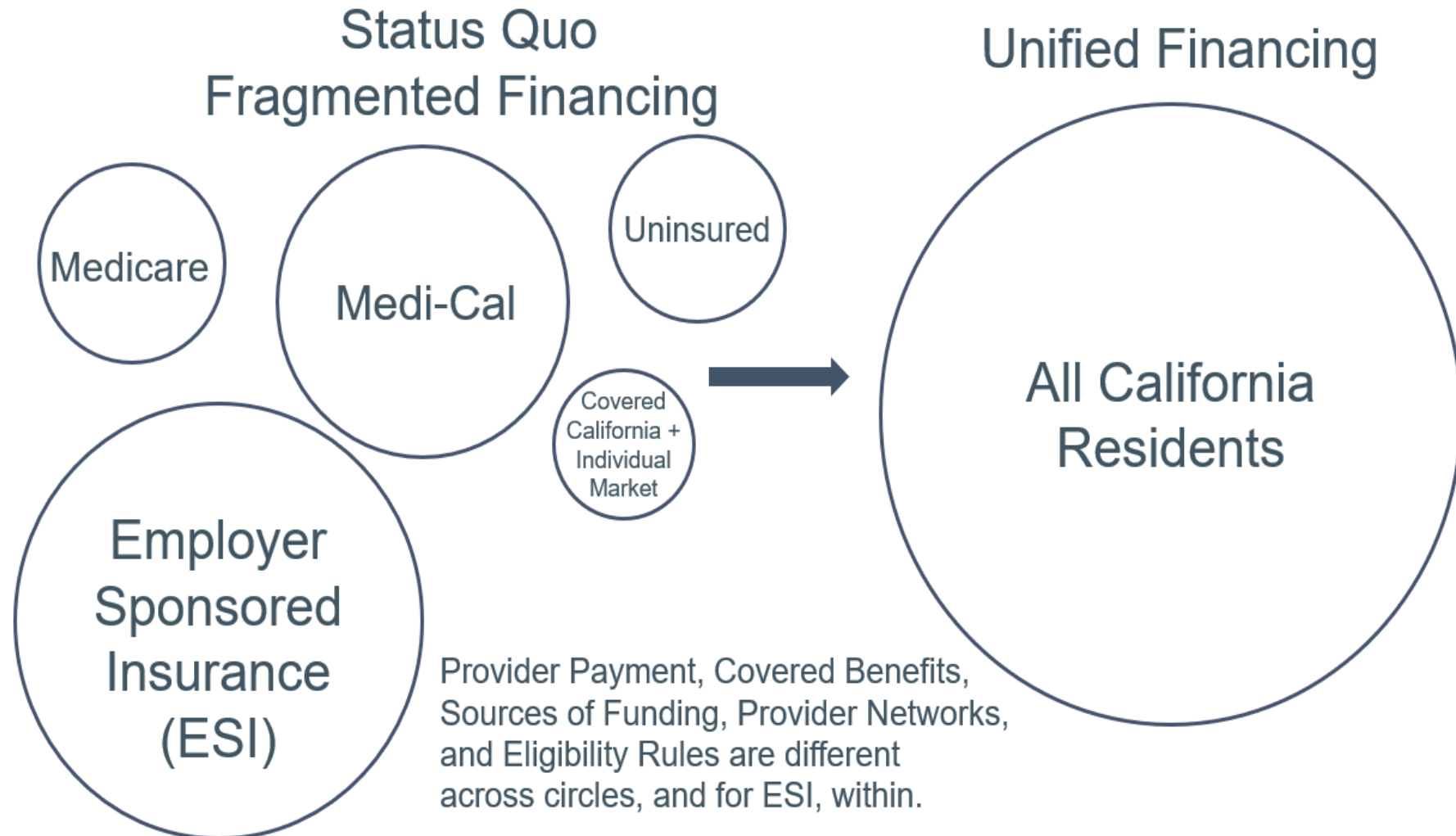
Key Design Decisions to Create a System of Unified Financing and Coverage

Rick Kronick, PhD
University of California San Diego

Fragmented vs Unified Financing



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Unified Financing and Coverage



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- All Californians would be entitled to receive the same package of health care services
- Entitlement would not vary by age, employment status, disability status, income, or other characteristics
- Distinctions among Medicare, Medi-Cal, employer sponsored insurance, and individual market coverage would be eliminated

International Examples Show Many Paths to Unified Financing and Coverage



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- Canada and Taiwan – single payer
- United Kingdom – publicly provided care
- Germany and the Netherlands – mandatory purchase of standardized, non-profit, insurance

Areas in which Decisions are Needed in Order to Implement Unified Financing and Coverage



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Topic

Timing

Increasing Equity and Improving Quality

July

Financing

August

Provider Payment

September

Role, if any, for Intermediary Organizations

October

Eligibility, Covered Benefits, and Patient Cost Sharing

November

Governance and Cost Containment

December

A Framework for Conversation



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- SB 562 is a recent, California-specific proposal for unified financing and provides a useful framework for discussion
- However, SB 562:
 - leaves unanswered some important questions; and
 - provides specifics in some areas where there may be differences of opinion among Commissioners
- The Commission's task is to develop and evaluate options
- The content that follows is a starting point for further discussion, neither an endorsement nor a critique of SB 562

Financing

SB 562

Healthy California Trust Fund

Healthy California Board (HCB)
to seek federal waivers/federal
funds

Silent on how non-federal
revenue would be raised and
how a reserve would be created



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Questions to Consider

What principles should govern
financing?

Potential barriers to redirecting federal
revenue sources and options to
overcome those barriers

Would TRICARE, Indian Health
Service, and VA be included?

Options for non-federal revenue
sources

Options for funding a reserve

Provider Payment



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SB 562

- HCB negotiates with providers
- Payments shall be reasonable and sufficient to guarantee access
- Silent on the level of payment
- With a few exceptions, payments are to be on a fee-for-service basis

Questions to Consider

- What are the pros and cons of negotiating payments vs. setting payment rates?
- What principles should govern provider payment?
- How will rate of change in payment rates over time be determined?
- What are pros and cons of moving most payment to fee-for-service?

Role, if any, for Intermediary Organizations



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SB 562

- Freedom to choose any provider; no gatekeeping or approval needed to receive services
- Californians can choose to enroll with an integrated health care delivery system, which could choose to be paid based on capitation
- No role for health insurers for covered benefits

Questions to Consider

- Intermediary organizations – i.e., risk bearing medical groups, health plans, and health insurers – perform various functions. What are pros and cons of eliminating or minimizing these functions?
- If a role for intermediary organizations is maintained, what are pros and cons of alternative approaches for using intermediaries?

Eligibility, Covered Benefits, and Patient Cost Sharing



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SB 562

- Eligibility: All California residents
- Covered Benefits: Expansive list of benefits, specified in statute
- Cost Sharing: No cost sharing for any patients

Questions to Consider

- How will CA residency be defined?
- Pros and cons of including long term care and other benefits not currently covered by employer sponsored insurance or Medicare
- Pros and cons of cost sharing for upper income Californians

Governance and Cost Containment



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SB 562

- Creates a nine member Healthy California Board, appointed by the Governor and the Legislature
- Creates a public advisory committee
- Is silent on actions the Board can take to manage spending

Questions to Consider

- How to ensure the governing body serves the public's not providers' interests?
- What can be done to assure that the governance structure maximizes health equity?
- What authorities should the governing body have to manage expenditures? What authorities remain with the legislature?

Summary



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- SB 562 provides a starting point to discuss design of unified financing and coverage
- Discussing design dimensions in a structured way will allow Commissioners to explore a wide range of issues with a meaningful degree of depth
- Over the August-December period we will present analysis to the Commission of a variety of options on key design dimensions, and, to the extent possible, analysis of the advantages and disadvantages of alternatives

Breakout Discussion Protocols



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- Commissioners
 - Will be divided into three breakout groups and automatically “moved” to a breakout room.
- Members of the public
 - Will be randomly assigned and automatically “moved” to one of the three breakout rooms.
 - Will be able to observe the breakout group in “listen-only” mode.
- Facilitation and Report Out
 - All three breakout rooms will address the same questions.
 - Consultant team members will facilitate and capture input.
 - One commissioner will be asked to volunteer to report out using captured notes.
 - Video recordings of breakout rooms will be posted to web page following this meeting.

Discussion Topics



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- What design elements should be included within unified financing to reduce disparities and increase equity?
- How could we tell if high-quality care was being equitably delivered? What outcomes and indicators should we watch, for whom?

Report Out

Community Engagement Process

**Bobbie Wunsch, Founder and Partner
Pacific Health Consulting Group**

Advisory Process



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These sessions will be part of the advisory process identified in statute for the Healthy California for All Commission.

- Community Engagement
 - Demographics, regions, local co-hosts
- Key Stakeholders
 - Statewide health advocacy groups
- Experts (legal, economic, policy)

Community Engagement Outline



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- Purpose of Community Engagement Process
- Timeline and Approach for Sessions
- Targeted Geographic Locations
- Co-Hosting Community Organizations
- Participants and Content of Sessions
- Report Back to Healthy California for All Commission

Purpose



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- To reach throughout the State of California to gain input to the Commission;
- Learn the perspectives of a broad array of community residents, community-based organizations, and community coalitions with a focus on diverse communities, underrepresented and low-income individuals, and others deeply impacted by the potential proposals as well as COVID-19;
- To provide direct feedback opportunities to the Commission on issues of importance to communities of color and underserved communities; and
- To test ideas and concepts that the Commission is considering.

Timeline and Approach



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- A series of 2 input sessions in 7 locations throughout the state via Zoom for 2.0 hours (14 sessions) with 12-25 local participants in each session
 - Series #1: July 15 – August 18, 2020
 - Series #2: October 15 – December 15, 2020
- All sessions will be open to the public and have public comment
- Commissioners are invited to attend

Targeted Geographic Regions



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1. Southern California
2. Los Angeles County
3. Inland Empire
4. Central Coast
5. Central Valley
6. Bay Area
7. Northern Rural California

Co-Hosting Community Organizations/Coalitions



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- A community-based co-host in each region
- Each co-hosting organization to receive a grant from The California Endowment
 - recruit, co-facilitate, technical support, interpretation services
- Co-hosting organizations and participants will receive orientation to Commission's purpose prior to sessions
- Participants will be asked to be available for both sessions

Participants and Session Contents



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- 12-25 participants per session from throughout each of 7 geographic regions
 - Recruit targeting persons of color, low-income and underserved individuals and other marginalized populations including youth
 - Medicare, Medi-Cal or Covered California, have lost health coverage due to COVID-19 unemployment, have no insurance due to immigration status, etc.
- Each series will focus on soliciting feedback on upcoming Commission agenda topics

Series #1 Sample Questions (Examples Only)



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- Where do you receive your health care and how affordable and convenient is it to access care there?
- What challenges have you faced when you want to get medical care?
- Has that experience changed during the COVID-19 pandemic? What has made it harder? What has made it easier?
- Can you receive care in the language you prefer from providers/staff who respect you and understand your needs?

Series #2 Sample Questions (Examples Only)



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- Should California create a new government health care program, similar to public school, where everyone contributes to paying for it and everyone can use it?
- What do you like about this idea?
- What are you worried about possibly losing in a program like this?
- Should everyone be required to use this program or should it be optional?

Key Stakeholders



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- A series of 3 sessions with up to 25 invited organizational representatives
- Participants would include
 - Statewide health advocacy organizations
 - Labor groups
 - Single payer advocates
- Similar timeline and approach to Community Engagement process

Report Back to the Commission



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- Written summary to share with Commission and the public at regularly scheduled Commission meetings
- Summary of each series of feedback sessions will include:
 - Location, number of attendees/affiliations and demographics of participants
 - Questions posed at each session
 - Summarized responses of participants
- Sent to Commissioners in advance of meeting
- 2-3 Co-Host Community Leaders will offer short verbal summary of sessions at future Commission meetings to highlight participant voices and reflections

Feedback on Community Engagement Process



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- We welcome Commissioner feedback on
 - Purpose
 - Timeline
 - Geographic areas
 - Statewide Health Advocacy Organizations/Key Stakeholders
 - Questions and topics
 - Other thoughts

Public Comment